1. Print Full Name		Social Security Number				
2. Address		City			State	Zip
MPLOYEE: File this form with your mployer. Otherwise, they must withhold CITY OF PORTLAND income ax from your earnings without emptions. MPLOYER: Keep this certificate with our records. If the information ubmitted by the employee is not elieved to be true, correct and omplete, the Administrator must be o advised.	6. Add the num lines 3, 4, and 5	for your si for your cl nber of exe 5 above an ar amount formation su	pouse hildren or other dep emptions which you nd write the total for extra withholdin bmitted on this certificat	have clai		
			<u> </u>			
EMPLOY PW-4 1. Print Full Name	EE'S WITHHOLDING C		FOR THE CITY OF POR	TLAND INCO	OME TA	x
PW-4	EE'S WITHHOLDING C			TLAND INCO	OME TA	X Zip
PW-4 1. Print Full Name 2. Address	EE'S WITHHOLDING C	Social S	Security Number	TLAND INCO		
PW-4 1. Print Full Name	3. Exemptions 1 4. Exemptions 1 5. Exemptions 1	Social S City for yourse for your s	Security Number	endents	State	Zip